



6. 2005 11:09AM

No. 1854 P. 6

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

01/18/2005

Platon N. Mandros, Esq.  
BURNS, DOANE, SWECKER & MATHIS, L.L.P.  
P.O. Box 1404  
Alexandria, VA 22313-1404  
Gael D. Lindland (Reg # 51952)  
Terumo Cardiovascular Systems  
6200 Jackson Road  
Ann Arbor, MI 48103, USA.

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first-class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Daphne Poh (Depositor's name)  
[Signature] (Signature)  
April 6, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/082,119	02/26/2002	Arthur D. Gershowitz	032722-593	3521

TITLE OF INVENTION: RETROGRADE CANNULA PREVENTING BLOOD BACK-FLOW DURING STYLET REMOVAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/18/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAJORINO, ROZ	3763	604-264000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Terumo Cardiovascular Systems

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ann Arbor, Michigan

04/07/2005 SDENBOB2 00000025 10082119

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

## 4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

[Signature]

Date

APRIL 6, 2005

Typed or printed name

GAEL D. LINDLAND

Registration No.

51,952

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